

**150CSRI
FORM NO. 16
COMMERCIAL SOLID WASTE FACILITY APPLICATION
FOR CERTIFICATE OF NEED AND
FOR EXPEDITED PROCESSING**

CASE NO. _____
(Leave Blank)

Fax Number _____

1. Applicant Name _____ Phone Number _____

Contact Person _____

Street or PO Box _____

City _____ County _____ Zip Code _____

2. Is this application for a (choose one from box). ?
(Attach a full description).

3. Name and address of proposed certificate holder, if different.

4. Describe the proposed and/or existing geographic area served by the facility, if different from area currently served.
(Attach additional pages as necessary).

5. Will the new activity have any impact upon rates, upon the applicant, other commercial solid waste facilities, the applicant's competitors, or the public? Choose one from box on right.
(Attach additional pages as necessary).

6. What is the number of proposed and/or existing customers served, if different from current customer base?

7. What is the average monthly tonnage presently disposed of, or proposed to be disposed of, at the facility?

8. What is the total monthly tonnage of solid waste for which the facility is permitte, and/or is seeking a permit from the Division of Environmental Protection?

9. What is the status of the permitting porcess, if any, at the Division of Environmental Protection?

(Attach copies of any permits or operating authority issued by DEP)

**COMMERCIAL SOLID WASTE FACILITY APPLICATION
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- CONTINUED -**

Dated this _____ day of _____, 20_____.

Signature of Authorized Representative of Applicant

Title of Signer (President or Other Officer)

_____, Attorney

Address: _____

Subscribed and sworn before me this _____ day of _____, 20_____

(Official Signature and Official Seal of Notary)

(If Applicant is signing out-of-state, please us Verification Form No. 12)